

PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	09/870,012
		Filing Date	May 29, 2001
		First Named Inventor	Chaitan KHOSLA
		Art Unit	1652
		Examiner Name	K. Kerr
Total Number of Pages in This Submission	9	Attorney Docket Number	300622000212

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate for fee processing) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (5 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<b>Remarks</b>  <b>Customer No. 25225</b>		

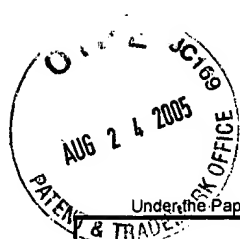
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Kate H. Murashige		
Date	August 22, 2005	Reg. No.	29,959

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

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<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
		Application Number	09/870,012
		Filing Date	May 29, 2001
		First Named Inventor	Chaitan KHOSLA
		Examiner Name	K. Kerr
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1652	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 120.00	Attorney Docket No.	300622000212

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 03-1952
Deposit Account Name: Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00
							<b>Small Entity</b>
							<b>Fee (\$)</b>
<b>2. EXCESS CLAIM FEES</b>							<b>Fee (\$)</b>
<b>Fee Description</b>							<b>Fee (\$)</b>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
<b>Total Claims</b>							<b>Fee Paid (\$)</b>
_____ - = _____ x _____ = 0.00							
<b>Multiple Dependent Claims</b>							
<b>Fee (\$)</b>							<b>Fee Paid (\$)</b>
_____							0.00
<b>Indep. Claims</b>							
<b>Extra Claims</b>							
<b>Fee (\$)</b>							<b>Fee Paid (\$)</b>
_____ - = _____ x _____ = 0.00							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____ - 100 = _____	/50	_____ (round up to a whole number) x	_____	= 0.00			
<b>4. OTHER FEE(S)</b>							<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)							0.00
Other (e.g., late filing surcharge): 1251 Extension for response within first month							120.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	29,959
Name (Print/Type)	Kate H. Murashige	Telephone	(858) 720-5112
		Date	August 22, 2005